Attorney Docket No. 175912

Reference No. E-074-1999/0-US-03

Date: May 12, 2003

In re Application of: Boyd

Application No.

09/427,873

Filed:

October 27, 1999

For:

METHODS OF USING CYANOVIRINS TO INHIBIT VIRAL INFECTION

Mail Stop Non-Fee Amendment **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

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MAY 1 6 2003

Sir:

Transmitted herewith is a Response to Office Action in the subject application.

TECH CENTER 1600/2900

| | Applicants | claim | small | entity | status | of this | application | under | 37 | CFR | 1.27. | |
|--|------------|-------|-------|--------|--------|---------|-------------|-------|----|-----|-------|--|
|--|------------|-------|-------|--------|--------|---------|-------------|-------|----|-----|-------|--|

Petition for Extension of Time

Applicants petition for a one-month extension of time under 37 CFR 1.136, the fee for which is \$110.00 (enclosed).

Applicants believe that no petition for an extension of time is necessary. However, to the extent that such petition is deemed necessary, Applicants hereby petition for a sufficient extension of time to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.

No additional claim fee is required.

The claim fee has been calculated as shown below:

| | | | | | | SMALL ENTITY | | OTHER THAN A SMALL ENTITY | |
|-------------|----------|---|------------|------------------------------------|----------------------------|--------------|------------------------|---------------------------|--------|
| | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | EXTRA CLAIMS PRESENT | RATE | ADDIT. CLAIM FEE | RATE | |
| TOTAL | | 12 | Minus | 20 | =0 | x 9= | \$ | x 18= | \$0.00 |
| INDEPENDENT | | 3 | Minus | 3 | =0 | x 42= | \$ | x 84= | \$0.00 |
| | FIRST PR | ESENTATION OF MU | JLTIPLE CL | AIM | + 140= | \$ | + 280= | \$0.00 | |
| | | | | | | TOTAL | \$ | TOTAL | \$0.00 |

Please charge my Deposit Account No. 12-1216 in the amount of \$. A duplicate copy of this sheet is attached.

☐ A check in the amount of \$ is attached.

The Commissioner is hereby authorized to charge any deficiencies in the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216. A duplicate copy of this sheet is attached.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Respectfully sulpmitted,

LEYDIĞ . VOIT & MAYER, LTD.

Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Chicago, Illinois 60601-6780 (312) 616-5600 (telephone) (312) 616-5700 (facsimile) M:\Clients\NIH\Amd\ ROA Transmittal 051203.doc Amendment or ROA Transmittal (Revised 5/1/03) Ву ¢arol,Larcher, Reg. No. 35,243